

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	TO NO.	DATE
<b>FEES DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			093599
<b>FORMALITY REVIEW</b>			

**INDEX OF CLAIMS**

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral).... Canceled A ..... Appeal  
 ÷ ..... Restricted 0 ..... Objected

Claim	Final	Original	Date
1	✓	✓	8/14/67
2	✓	✓	8/14/67
3	✓	✓	8/14/67
4	✓	✓	8/14/67
5	✓	✓	8/14/67
6	✓	✓	8/14/67
7	✓	✓	8/14/67
8	✓	✓	8/14/67
9	✓	✓	8/14/67
10	✓	✓	8/14/67
11	✓	✓	8/14/67
12	✓	✓	8/14/67
13	✓	✓	8/14/67
14	✓	✓	8/14/67
15	✓	✓	8/14/67
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43	✓	✓	8/14/67
44	✓	✓	8/14/67
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46	✓	✓	8/14/67
47	✓	✓	8/14/67
48	✓	✓	8/14/67
49	✓	✓	8/14/67
50	✓	✓	8/14/67

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet her

**BEST AVAILABLE**